

Elezarian (M.)

REPORT OF A FEW CLINICAL CASES  
OF  
INFANTILE DIARRHOEA  
TREATED BY  
EUDOXINE.

By M. ELEZARIAN, M. D.,  
Physician to North Eastern Dispensary, New York.

LIBRARY  
SURGEON GENERAL'S OFFICE

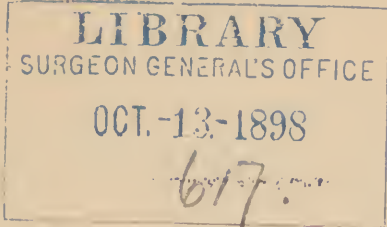
OCT. -13-1898

6171

REPRINT FROM  
NEW YORK MEDICAL JOURNAL.

August 20, 1898.





REPORT OF A FEW CLINICAL CASES  
OF INFANTILE DIARRHOEA  
TREATED BY EUDOXINE.

By M. ELEZARIAN, M. D.,

PHYSICIAN TO NORTHEASTERN DISPENSARY, NEW YORK.

SOME few months ago I came across a new preparation of bismuth known as eudoxine, which contains 52.9 per cent. of iodine and 14.5 per cent. of bismuth. It is a reddish-brown powder, odorless and tasteless, employed chiefly as an intestinal antiseptic. Being desirous of getting some new antiseptic drug for the treatment of infantile as well as adult diarrhoeal cases, I was determined to give it a thorough trial. My object in reporting the following cases is to bring eudoxine to the notice of those of us who are less familiar with its therapeutical effects.

CASE I.—A child, eight months of age, was brought to me suffering from diarrhoea of seven days' duration; the character of the stools was of very strong odor, shreds of mucus and streaked with blood. Vomiting, abdomen distended, feverish and restless, and the skin hot. Small doses of calomel were given at the start, and after three days the little patient was brought to me about the

same as before. I gave small doses of eudoxine every three hours. I gave two-thirds of a grain. After 46 hours the distressing symptoms were relieved and the stools returned more to their normal color and consistence, but there was still a strong odor to them. The child had vomited only once since her last visit to me. I ordered the mother to continue the same strength of eudoxine, but one every four hours instead of three hours, and in three days the child was entirely cured, she again began to nurse and acted as well as ever.

CASE II.—The second case was that of a child three years of age, emaciated, suffering from malnutrition and malassimilation. Intestinal disturbances, such as thin, yellowish-colored liquid running from the bowels, containing undigested food and the odor very offensive. Vomiting, excessive thirst, no appetite, feverish and fretful, pulse feeble, high temperature showing the degree of septic conditions in the alimentary tract; tongue dry and coated. My first aim being to clear the intestinal canal, I ordered small doses of calomel until ten grains were given, followed by some saline, and ordered to stop feeding the child. Next day I saw the case; she had improved somewhat only in the vomiting and in the color of the stools. I prescribed small doses of eudoxine, two grains every three hours. To my great surprise, after twelve grains were given I saw symptoms of improvement; the offensive odor of the stools had entirely disappeared, and the number of the discharges were considerably less, with more natural color to them. I believe such quick

effects could have hardly been accomplished from bismuth alone.

The most active ingredient entering into the composition of eudoxine is iodine, the disinfecting and astringent as well as alterative properties of which on the mucous membrane are well known to all of us. Not wishing to take too much valuable time and space, I will not mention the details of my further experiments. Altogether, I have used, up to the present writing, eudoxine in fifteen cases of diarrhoea, cases mostly in children, and the antiseptic effects of it in such cases have been marvelous. Preference should be given to eudoxine rather than bismuth subnitrate or carbonate, because we all know how poisonous bismuth is in large doses on the gastro-intestinal mucous membrane, and very frequently we are afraid to give full doses of bismuth to children for this reason only. Although we have other intestinal antiseptics, such as salol and salicylates, etc., there is reason for caution in administering any of these drugs on account of their toxic effects. I found eudoxine very harmless and giving no cause for any alarm. I have given as much as a grain every hour to a child a year old without any alarming results.

My impression is, from inquiring among my colleagues about eudoxine, that sometimes too small a dose is administered in certain cases, and, therefore, the result is disappointing to them, and they are apt to get easily dis-

couraged, as we quite frequently do with any new drug before we are thoroughly convinced that we have given it a thorough, scientific and unhesitating trial. The proper and effective dose will be understood and appreciated only after careful study of each individual idiosyncrasy and the disease.

52 EAST THIRTY-FIRST STREET.



